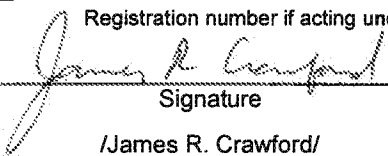


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>NY-DNAG 289-US         |                         |
| Application Number      10/507,402-Conf. #4886  |                                  | Filed      April 8, 2005                           |                         |
| For      METHOD FOR COATING FIBER-REINFORCED PLASTIC STRUCTURAL PARTS AND STRUCTURAL PART SO PRODUCED   |                                  |  |                         |
| Art Unit      1791  |                                  | Examiner      M. J. Daniels                        |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |  |                         |
|   |                                  | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | \$130  | \$65      \$ _____      |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$490  | \$245      \$ _____     |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1110   | \$555      \$ 1110.00   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1730   | \$865      \$ _____     |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2350   | \$1175      \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |  |                         |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |  |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0624</u> . *(one-month extension previously paid). |                                  |  |                         |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                                       |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,155</u>  |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |                                  |  |                         |
| <br>_____<br>Signature   |                                  | <u>7/21/10</u><br>_____<br>Date                    |                         |
| <u>/James R. Crawford/</u><br>_____<br>Typed or printed name  |                                  | <u>(212) 318-3148</u><br>_____<br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                         |                                  |  |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |  |                         |

**Three Month Request for Extension of Time Under 37 CFR 1.136(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being filed electronically addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 7/21/10 Signature: Eileen Sheffield (Eileen Sheffield)